

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

W.R. GRACE & CO., et al.,

Debtors.

Chapter 11

Case No. 01-1139 (JKF)
Jointly Administered

Objection Date: September 19, 2011 at 4:00 p.m.

Hearing: Schedule if Necessary (Negative Notice)

**COVER SHEET TO SIXTY-NINTH MONTHLY INTERIM APPLICATION OF
DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD
JULY 1, 2011 THROUGH JULY 31, 2011**

Name of Applicant:

David T. Austern, Asbestos PI
Future Claimants' Representative
("FCR")

Authorized to Provide Professional
Services to:

As the FCR

Date of Retention:

May 25, 2004

Period for which compensation is sought:

July 1, 2011 through July 31, 2011

Amount of Compensation (100%) sought
as actual, reasonable, and necessary:

\$750.00

80% of fees to be paid:

\$600.00¹

Amount of Expense Reimbursement sought
as actual, reasonable and necessary:

\$ 0.00

Total Fees @ 80% and
100% Expenses:

\$600.00

1 Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an: ___ interim X monthly ___ final application.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY
JULY 2011

<u>Name of Professional Person</u>	<u>Position of Applicant</u>	<u>Hourly Billing Rate</u>	<u>Total Billed Hours</u>	<u>Total Compensation</u>
David T. Austern	Future Claimants' Representative	\$500.00	1.50	\$750.00
Grand Total:			1.50	\$750.00
Blended Rate: \$500.00				

Total Fees: \$750.00
Total Hours: 1.50
Blended Rate: \$750.00

COMPENSATION BY PROJECT CATEGORY

<u>Project Category</u>	<u>Total Hours</u>	<u>Total Fees</u>
Plan & Disclosure Statement	1.50	\$750.00
TOTAL	1.50	\$750.00

EXPENSE SUMMARY

<u>Expense Category</u>	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: August 9, 2011

/S/ DAVID T. AUSTERN
David T. Austern
Claims Resolution Management Corporation
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